

**APPLICATION DATA SHEET****Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: METHODS AND USES OF THE INTEGRIN  
ALPHA 10 CHAIN, FOR PREVENTING  
PROGRESSION OF ATHEROSCLEROSIS  
PLAQUE FORMATION

Attorney Docket Number:: 000500-379

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Evy

Middle Name::

Family Name:: LUNDGREN-AKERLUND

Name Suffix::

City of Residence:: Bjarred

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Trollslovagen 165

City of Mailing Address:: Bjarred

State or Province of Mailing Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing Address:: SE-237 33

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/388,747	06/17/02

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Sweden	0201844-8	06/17/02	Yes

### **Assignee Information**

<b>Assignee Name::</b>	Cartela AB
<b>Street of Mailing Address::</b>	Biomedical Center I 12
<b>City of Mailing Address::</b>	Lund
<b>State or Province of Mailing Address::</b>	
<b>Country of Mailing Address::</b>	Sweden
<b>Postal or Zip Code of Mailing Address::</b>	SE-221 84